

NAME \_\_\_\_\_  M  F

FIRST

MIDDLE

LAST

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

PARENT/GUARDIAN YOU LIVE WITH \_\_\_\_\_

FIRST NAME(S)

LAST NAME(S)

PARENT/GUARDIAN PHONE # \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

FACEBOOK \_\_\_\_\_

TWITTER \_\_\_\_\_

INSTAGRAM \_\_\_\_\_

WOULD YOU LIKE TO HAVE CLUB IN YOUR HOME?  YES  NO  MAYBE



TODAY'S DATE \_\_\_\_\_